

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25638

State File No. _____

FILED JUL 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>343</u>		Registrar's No. <u>246</u>		
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>				
b. CITY OR TOWN <u>Hannibal</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Hannibal</u>		d. STREET ADDRESS (If rural, give location) <u>2023 Kingshiway</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Lesslie</u> c. (Last) <u>Clayton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 1 1953</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 5 1883</u>		
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>4</u>		11. DAYS <u>26</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Liggett & Meyers</u>		11. BIRTHPLACE (State or foreign country) <u>New London, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Frank Clayton</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hauser</u>			14. NAME OF HUSBAND OR WIFE <u>Stella Clayton</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-01-1530</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Stella Clayton</u> ADDRESS <u>Hannibal Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute glomerulonephritis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>female methotromy</u>								
19a. DATE OF OPERATION <u>18 Apr 53</u>		19b. MAJOR FINDINGS OF OPERATION <u>perforation of membranous urethra</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>18 Apr</u> , 19 <u>53</u> , to <u>1 July</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>30 June</u> , 19 <u>53</u> , and that death occurred at <u>7:00 AM</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Richard M. Strong M.D.</u>				23b. ADDRESS <u>115 N. 5th St. Hannibal</u>		23c. DATE SIGNED <u>6 July 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3 Jul 53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New London Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7/7/53</u>		REGISTRAR'S SIGNATURE <u>H. C. Fisher</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Walter Smith</u>		ADDRESS <u>Hannibal Mo</u>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 14 1953
MARION CO. HEALTH DEPT.
DATE FILED JUL 14 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed John S Spand
.....
Licensed Embalmer No.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.